

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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JUL 22 2004

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence, including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30623 7590 05/03/2004

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
AND POPEO, P.C.
ONE FINANCIAL CENTER
BOSTON, MA 02111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/986,503	11/09/2001	Tony Peled	01/22529	5534

TITLE OF INVENTION: SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	XXXX XXXX \$995	08/03/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WITZ, JEAN C	1651	424-530000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,

1. ~~Glovsky and Popeo, P.C.~~2. ~~Ivor R. Elrifi, Ph.D.~~

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hadasit Medical Research Services
and Development Ltd.

Jerusalem, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form) **Atty Docket**Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. **No. 24024-503**
CON

(Authorized Signature)

(Date)

North River July 22, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/26/2004 SHINASS2 00000018 09986503

01 FC:2501

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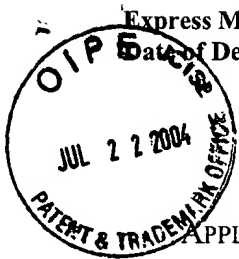
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03 FC:8001

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TRANSMIT THIS FORM WITH FEE(S)



Express Mail Label No.: EV313923832US

Date of Deposit: July 22, 2004

Attorney Docket No.: 24024-503 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Peled et al.

SERIAL NUMBER : 09/986,503

EXAMINER : Jean C. Witz

FILING DATE : November 9, 2001

ART UNIT : 1651

FOR : SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL
USES THEREOF

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL LETTER

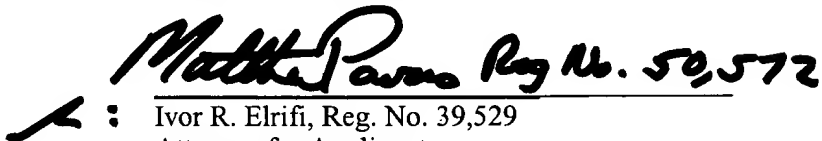
Transmitted herewith for filing in the present application are the following documents:

- Response to Notice of Allowance (1 pg);
- Completed Form PTOL-85B (1 pg);
- Check (#19042) in the amount of \$995.00; and
- Return Postcard.

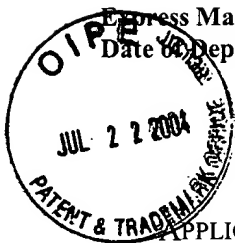
Applicants believe that no additional fees are due in connection with this submission. However, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 24024-503 CON. A duplicate copy of this Transmittal Letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,


: Ivor R. Elrifi, Reg. No. 39,529
Attorney for Applicant
c/o MINTZ, LEVIN
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No. 30623

Dated: July 22, 2004



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RESPONSE TO NOTICE OF ALLOWANCE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated May 3, 2004.

A check (#19042 for \$995.00) is enclosed herewith to cover the issue fee (\$665.00), publication fee (\$300.00) and the advanced order of ten (10) copies (\$30.00). A copy of Form PTOL-85B is also enclosed herewith. The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311; Attorney Reference No. 24024-503 CON (Customer Number: 30623).

Respectfully submitted,

 Mattie Pardo Reg No. 50,572

Ivor R. Elrifi, Reg. No. 39,529

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Dated: July 22, 2004